## Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: Spa Week Media Group Ltd.	
Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):	
Address of Service Provider: 89 Fifth Ave, Suite 500, New York, N	4 100
Name of Agent Designated to Receive  Notification of Claimed Infringement: Tessa Sphar	
Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  89 Fifth Ave, Suite 500, New York, NY 10003	
Telephone Number of Designated Agent: 212-352-8098	
Facsimile Number of Designated Agent: 212-352-2642	
Email Address of Designated Agent: Tessa & spawerkyvedia.co	om
Signature of Officer or Representative of the Designating Service Provider:  Date: Date:	
Typed or Printed Name and Title: Tessa Sphar, VP of Spa Trave	el
Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.	
Mail the form to:	
Copyright GC/I&R P.O. Box 70400 Washington, DC 20024	

SCMED 00,00-2008